ż

(Address)

	OF MARY	LAND-	CERTIFICATE OF DEATH	7797
1. PLACE OF DEATH			(8)	101
County Aury	nd	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registration Dist. Np.	18 /
Village or City / / ///	wellen	had !	T-No St.,	Ward
Vinage of Oily Little for the	4		death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city of town wi	+ 1 1	yis,mos	us. How long in 0.3. If of oreign bittir yrs.	mosus.
2. FULL NAME (a) Residence: Np.	elles	w To	emale Urmstrong	
(a) Residence: Np.	(Usual place o	(-1-4-)	St., Ward. If nonresident give city or town	-10
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		21. DATE OF DEATH	
T A O O		(write the word)	July 19	198 2
5a. If married, widowed, or divorced		7	(Month) (Day)	(Yeer)
HUSBAND of			22. I HEREBY CERTIFY, That I atlent	ded daceased from
(OI) WIFE OI			, 19, to	19
6. DATE OF BIRTH (month, day, and year)	July 1	9- 1932	I last saw h aliva on, 19	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month:		If LESS than	to have occurred on the date stated above, atm.	
7. AGE Years Month		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	1
8. Trade, profession, or particular		1 01	Hale as lonows.	Date of onest
kind of work dona, as SPINNER SAWYER, BDDKKEEPER, atc				
SAW MILL, BANK, atc		-	1/14-01/	
	1		I full home	
I de Comp decapation (month and	spani	al time (years) spant in this		
yaar)	ocaul	pation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	ndeen	Tras,		
12. BIRTHPLACE (city or town) (State or country) 22 13. NAME Noodow 2	anglano	d		
II II 13. NAME TO SHOW I	felom ar	metron		
14. BIRTHPLACE (city or town).	luder	- U	Name of operation	of
1	Zua.		What test confirmed diagnosis? Was thera	an autopsy?
15. MAIDEN NAME	tu Es	to,	23. If death was due to external causes (VIDLENCE) fill in also the follo	wing:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	BIRTHPLACE (city or town) Caldwell Co		Accident, suicida, or homicide? Data of Injury	, 19
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	the Carol	www.	Where did injury occur?	
	wilson a.	water	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
17. INFDRMANT MAKE WAS (Address) 18. RURIAL CREMATION OR REMOVAL				
to locality of the memorite	, , ,	0	Manner of injury	
	fel Date fre	cy 20,1932	Nature of injury	
19. UNDERTAKER Lu- Luslo	m Orm	trong	24. Was disease or injury in any way releted to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURPAU V.			
the state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND	CERTIFICATE OF DEATH 07798
1. PLACE OF DEATH	(2-a)
County danford, WITHIN COUPOR,	Registration Dist. No. 185
Villago or City Karre de Grace	NoSt. Ward
/ ()	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME La Bayd	
(a) Residence: No. Have de Trace.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale Robored unknown	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced	20 A 1 H F D F D Y G F D F D Y D Y D Y D Y D Y D Y D Y D Y D
(or) WIFE of John Boyd.	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Ques 2 29- 1865	Liest sew h And alive on John 18 19 3 - deeth is said
6. DATE OF BIRTH (month, day, end yeer) 17. AGE Years Mooth Days If LESS then	to have occurred on the date stated above, at 11201 m.
(day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
9 Trade explanation or particular 60	were as follows: Oate of oneat
A Title profession, or particular to the profession, or particular to the profession which work was done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and speaking) or particular this occupation (month and speaking).	Tarles 1
9. Industry or business in which work was done, as SILK MILL,	tom , aqua vaim
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and spentin this	
yeer) occupetion	
12. BIRTHPLACE (city or town) Have de Level.	Other Contributory Causes of importance:
(State or country)	(and and tachers
13. NAME Jaures H. Cooker	
13. NAME 12. 28 %, Louise 14. BIRTHPIACE (city or town) Dalling	Neme of operation
(State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME Promis Roman N.	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Pray Parrowy- 16. BIRTHPLACE (city or town) BAL air -	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
Refert Con Mont.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Balta.	open, whether many eccurred in thousand, in home, of in rubble reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place St. James Lewoate July 21, 1932	Nature of injury
(1) I al	
19. UNDERTAKER (Address) Place Bare to Co. 2 and to	24. Wes disease or injury In any wey related to occupetion of deceesed? If so, specify
0	(Signed) Laures & Jaley M. D.
20. FILED July 20, 1932 Marles J. Joley M. D.	(Address) 10 man de Grant med

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Example I	and the same of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 3 Mag			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Gallstones	May 1,1923	Gastroenterus	1 year

them of infor-

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH (1779)
state UPA-	1. PLACE OF DEATH	
DOCCI	County Harford, Contract to	Registration Dist. No. 185
Æ	Village or City Harrede Grace,	ND. St. Ward
0		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
IAN	2. FULL NAME Frank B. Boys	/
YSICIANS	(a) Residence: No. 8/6 8 Ma Sunstan	C4 Ward
	(Usual place of abore)	St., Ward. If nonresident give city or town and State
PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E	3. SEX 4. COLOR DR RACE OR—DIVORCED—(write the word)	21. DATE OF DEATH
L. r.	male plute married.	(Month) (Day) (Yeer)
A C T assifted	5e. If married, widowed or divorced HUSBAND of Cory Wife of Sauce & Boyd.	22. I HEREBY CERTIFY Thet I attended deceased from
X A	(A) MILLI V	June 20, 19.32, 10 July 18, 19.32
	6. DATE OF BIRTH (month, day, and year) 2005. 4 - 1877.	1 lest saw h. 19 3 2; deeth is said
stated E properly certificate.	7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date steted above, et.
stated proper	J 7 0 / T ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, Returned - SAWYER, BDDKKEPER, etc.	
	9. Industry or business in which work was done, es SILK MILL, Hotel Ruan. SAW MILL, BANK, etc	& Rectal
		auto// hugo car do to
67 to 0	O 1D. Date deceased last worked at this occupetion (month and year)	Custon & Geration & Geeks.
oplied. AGE erms, so that instructions o	-Unk-was	Other Contributory Causes of Importance:
d. , se	12. BIRTHPLACE (city or town) (State or country)	- (Infamena)
plie rms nstı	II 13. NAME Frank J. Boyd.	
illy supplied plain terms, . See instru	14. BIRTHPLACE (city or town) Unknown	Name of operation
ly slain	(State or country)	What test confirmed diagnosis? Was there en eu'opsy?=
carefully TH in pla ortant.	15. MAIDEN NAME Wiscouri Jackson.	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
be careful EATH in p important.	5 16. BIRTHPLACE (city or town) Make Marie M	Accident, suicide, or homicide?
be EA7 imp	(State or country)	Where did injury occur? (Specify city or town, county and State)
hould b OF DE,	17. INFDRMANT	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
100	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
on SE	Plece augel du Date July 20, 1933	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER Lewinglowy Solu	24. Was disease or injury in eny way related to occupation of deceased?
u O E	(Addiess) Halstage, and.	If so, specify hands
1	20. FILED July 20, 1932 Charles & John Too	(Signed) / Otey M. D.
	Régistrar.	(Ardress) tava al Dear This
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

Should 00 item PHYSICIANS RECORD. Every statement Exact CT classified -× certificate. properly stated 96 Jo may back pinous it on that instructions supplied. terms, See plain carefully important. DEATH PLAINLY should very OF

state

BINDING MARGIN RESERVED WRITE CAUSE TION V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If doesh occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. It of toreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred mos. 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white mule (Day) (Year) 5a. If married, widowed, or divorcad **HUSBAND** of 22. Jhat I attended deceased from (or) WIFE ot 6. DATE OF BIRTH (month, day, and year) Days It LESS than 7. AGE Months to have occurred on the date stated above 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 3 6 or min. Date of enset Trade, profession, or particular TION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc ... Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yaars) spent in this this occupation (month and occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there an autopsy? ____ 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTHE Accident, suicide, or homicide?______ Date of Injury______, 19___ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Natura of Injury 24. Was disease or Injury in any way 19. UNDERTAKER (Address) It so, specity (Signad) 20. FILED. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ogo Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07801
1. PLACE OF DEATH	®
County Harford #15#18 CORPORAT	Registration Dist. No. 185
Village or City House de Grace,	No. St Ward
Length of residanca in city or town whera death occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. If of foreign birth?yrsds.
2. FULL NAME Still Correccion	1 Correre
(a) Residence: No. Mashing (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5e. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 4-1932	I last saw h aliva on 19 death is sald
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, atm
84.00 tan 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or businass in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	- C. S. M. J. S. C.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked at this occupation (month end spent in this year) occupation	
12. BIRTHPLACE (city or town) Have de Graca (State or country)	Othar Contributory Causes of importance:
13. NAME TO ALL PROPERTY OF THE PROPERTY OF TH	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) Succession, Succession,	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Representation of the second	23. If daath was due to axtarnal causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Zalturas	Accidant, suicide, or homicide? Date of injury
E (State or country) waryland,	Whera did injury occur?
17. INFORMANT JURA CALL Parrierie, (Address) Call Carrierie,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place ret. friende Luly 0, 1932	Natura of July
19. UNDERTAKER Legenningtofitabout.	24. Was disaase or injury in any wey ralated to occupation of dacaesad?
(Addrass) Horse of Frace red,	If so, specify
20. FILED July 5, 1932 Charles J. Joley M. Z. Registrar.	(Signad) limites foliag M. D. (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		1	Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG. 5, 1882	July 5, 1927	Peritonitis	3 days ago
	BURLAU V.S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County fast &	Registration Dist. No. 184
Village or City Bardiff	No. St., Ward
// (If	death occurred in a hospital or institution, give its NAME instead of street and number)
80° / 44 1 X	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Olyateth & Domas	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HU3BAND of	22. I HEREBY CERTIFY, That I attended decassad from
(or) WIFE of James Doman	1 HEREBY CENTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, day, and year) 20/19-1856	I lest saw h and aiiva on luly , 1922; death to said
7. AGE Yaars Morths Days If LESS than	to heve occurred on the date stated above, at J. Pm.
75 9 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:
8 Trade profession or particular	Curturio selevario and Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacesed last worked et this occupation (month and	left Hemplegia
work wes done, as SILK MILL, SAW MILL, BANK, atc.	f f
10. Date dacessed last worked et this occupation (month and spent in this	0
yaar) Spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of timportance.
(State or country)	
14. BIRTHPLACE (city or town) Qualance	
14. BIRTHPLACE (city or town)	Name of operation Deta of
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Wolf Kname	23. If daath was due to external causes (VIOL ENCE) fill in atso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT and Sandy and	Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Mr Alfo Comy Date July 9, 1932	Nature of Injury
19. UNDERTAKER Delta Va	24. Wes disease or injury in any way ratated to occupation of decaasad?
20. FILED July 8, 19.32 Jo. J. S. Mc Mabbanastra.	(Signed) — S A HILLS M. D. (Addrass) — A HILLS M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritopitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
1. PLACE OF	DEATH		(Pr)	

07803

County Harford	TE O
	Registration Dist. No. 180
Village or City Weat	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrs,mosds
2. FULL NAME albert Sydny Dor	Jey
(a) Residence: No. Streets	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORÇED, (write the word) Widower	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Curva, Dorsey (or) WIFE of	22. / I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) for 9 1866	I last saw have alive on Died is elected 19 7 6 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & Q' m.
66 6 3 1 day,hrs.	
8. Trade, profession, or particular kind of work done, es SPINNER, FARMER, SAWYER, BOOKKEEPER, etc	Spoklety
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occu	
10. Date deceased last worked at 1 11. Total time (yeers) spent in this year) year occupation.	
12. BIRTHPLACE (city or town) Harfyrd County (State or country)	Other Contributory Causes of importance:
The state of the s	
13. NAME Frank him Dorsey 14. BIRTHPLACE (city or town) Hartrad County	
14. BIRTHPLACE (city or town) Harford Roundy (State or country) mary land	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Complex Dance Cooper	
15. MAIDEN NAME Comply Jane Cooper 16. BIRTHPLACE (city or town) 26 arfred County (State or country) many land	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Emms & Parrott (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place asking Dete July 14 1932	Manner of injury
19. UNDERTAKER Howard K. Mc Courso (Address) about 9 den. md	24. Wes disease or Injury In any way related to occupation of deceased?
20. FILED July 18, 1932 Fired Morlok Registra.	(Signed) F. P. Sundyearn M. D.
Clocal Registrar.	(Address) Warrington ful).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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INDIN	
OR B	

1		STATE (OF MARYLAND-	CERTI	FICATE	OF DEA	TH	
1.	PLACE O	F DEATH	0		(P21)		0,6	804
	County	Varfore	antala contasta	UM YS OF		Registration	Dist. No. 18.5	
	Village or C	Havre o	te Grace		tospel	tal	St	Ward
	Length of resi	dence in city of town where	death occurred 57 yrs. // mo				instead of street and	
2.	FULL NA		William		d			
	(a) Residen	11551	alliance	St.,	Ward.			
-	()		(Usual place of abode)				give city or town and	State
0.5	PERSON	,	ICAL PARTICULARS			ERTIFICATE	OF DEATH	
1	Vale	White	5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE	OF DEATH	(Month)	29 (Day)	, 198
5a. 1	If married, widow HUSBAND of	X ' /	0 7 0	22. 1	I HERE	12	Y, That I attended	
	(or) WIFE of	enne	· Voza 1873	Jul	y 11 74	19 3 1 to	July 29	1952
6. D	ATE OF BIRTH	(month, day, and year)	ing 28, 4933	I last saw M	alive on	July	29 ,193	death is said
7. A	GE Yea	Months	Days If LESS than 1 day,hrs.	-	irred on tha date stat		C.m.	
	2	/ //	ormin.	were a follo	PAL CAUSE OF DEA	TH and related ceuse	es of importance	Date of onset
20	8. Trade, profes	ssion, or particular vork done, as SPINNER BOOKKEEPER, etc.	aireer/	1	mo bio	11/		7/8/2
PATI	9. Industry or	business in which	o Top		7200	The office	-aveno	
긍		L, BANK, etc.	esen. IT, 1,					
8	this occu	ed last worked at pation (month and	11. Total time (yeers) spant in this 3 Que			4		*
	year)	11-	occupation of 7.7%	Other Coutri	ibutory Causes of imp	portance:		
12.	BIRTHPLACE (cit (State or cour	, ,	rford o.	-	he	7		
2	13. NAME	alm to	u Food	- 090	, were	1 /200	7	
E	14. BIR CHPLACE	(aity as town)		Name of one	appe	decton	tu ou	111/3-
FAI		country)	nd.		infirmed damosis?		Wes thera an	all onev?
HER-	15. MAIDEN NA	M Jarah	5. Holden			usas (VIDL ENCE) fil	In also the following	
5		(city or town)	J-,,,,,,	Accident, sui	icide, or homicide?		Date of injury	, 19
Ξ	(State or	country)	9.	Where did in	njury occur?	(Specify sity or	town, county and Sta	
17. I	NFDRMANT / (Address) 2	510 alli	ance Sla	Specify what	ther Injury occurred	in INDUSTRY, in HO	ME, or in PUBLIC PL	ACE.
18. E	BURIAL, CREMAT	/ - /	m. Que 1.39	Manner of in	njury			
	Plece	Myson	Date Culy 190 2	Neture of inj	jury			
19. (JNDERTAKER (Address)	Haire de	wace Md	24. Was diseased		way related to occupa	tion of deceased?	
20. F	TILED July	30 , 1952 Clau	les J. Faley, M.D. Registrar.	(Signed)	/ 0	nes H	- Jan	1/ M. D.
	0	If more	blanks are needed, address State Registrar,		/. /	equesting U. S. No.	z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SCREE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17805
1. PLACE OF DEATH	(21)
County Harlord	Registration Dist. No. 185
Village or City Harrede Sua BORATA	Ward St. Ward
Length of residence in city or town where death occurred 30 yrs mos.	death occurred in a heightal or institution, give its NAME tustead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Robert Larrison	
(a) Residence: No. St. Plair	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRISD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Colored whower	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WISE of Land the Garrison.	22. HEREBY CERTIEY, That I ettended despased from
A	32 1922, 10 Jal J32, 1932
6. DATE OF BIRTH (month, day, and year) June 20 - 1861	I fast sew h 1 alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
67 - 22 1 dey,hrs.	The PRINCIPAL CAUSE OF BEATR and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	ceule Ferdonles 10000
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K MILL	tun to appendiciti
	v /
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12 DIDTIDI ACT (Albumatous)	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) 91 (State or country)	
W 13. NAME CURLY DATE	VI hama
14. BIRTHPLACE (city or town)	741
A 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
E 15. MAIDEN NAME UNIVERSE	What test confirmed diagnosis? Was there an autopsy?
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
9. 4.1	Where did injury occur?(Specify city or town, county and State)
(Address) rear and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Injury
Place St. Much, Date July 26, 1932.	Manner of Injury
	7,
19. UNDERTAKER / Lung of the Sun a sun o	24. Was disease or injury In any way related to occupation of deceased?
0 1 1 1 1 2 2 1 25	If so, specify
20. FILED Maley 2. 6, 1932 To harles & Joley 12.	(Address) Alason OV Francis Duch
	1411 N. Charles Street, Balsimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURWAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

D. Ev	SICIA	tatem	
J. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	
ENT	TLY.	ed. E	
RMAN	XAC	classifi	
A PE	ted E	perly	TION is very important. See instructions on back of certificate.
SIS	sta	pro	cert
THI	d be	y be	k of
NK-	shoul	it ma	n bac
NG I	AGE	that	ions
FADI	lied.	ms, se	struct
ZD I	ddns	n ter	ee in
WITE	fully	n plai	nt. S
ILY,	e care	ATH i	porta
LAIN	ld b	DE	ry in
EP	shoi	3 OF	s ve
/RIT	tion	USE	ON
B.—W	ma	C	TI

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 08160
County Has Ballinera	Registration Dist. No. 183
Village or City Blockhorse Vast	St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
\sim \wedge \wedge \wedge \wedge \wedge	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME onfaut yumm	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 10, 1932	I lest saw h elive on 10 deeth is seld
7. AGE Yaars Months Oays If LESS than	to heve occurred on the data stated above, at 11. Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or continue	Oate of onsat
SAWYER, BOOKKEEPER, etc.	miscarrioge at
9. Industry or business in which work was dona, as SILK MILL,	4th mouth
S. Frees, profession, or particular in kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month end year) spent in this occupation.	
12. BIRTHPLACE (city or town) TKd	Other Contributory Causes of importance:
(State or country)	
I 13. NAME Sesle Colmony	
13. NAME Seales Coloniany 14. BIRTHPLACE (city or town)	Name of operation Oate of
1 (State of Council)	What test confirmed diagnosis? Was there en eutopsy?
15. MAIOEN NAME Core Winds	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Rosee Grimm	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Whele Hall my	
18. BURIAL, CREMATION, OR REMOVAL Place St James em Oete July 10, 1932	Manner of injury
19. UNDERTAKER Leslie almony (Address) montelon mad	24. Was disease or injury In any way related to occupation of deceased?
20. FILE July 10, 1932 Thomas P. Brown Registrar.	(Signed) Willard P. Hudson M. D. (Address) Land Hill D. D.
If more blanks are really all to Co. D.	N. C. L. C. L. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		G3A13939	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Harford	Registration Dist. No. 18
Al. I DEDE	
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Henry Him	ton
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write tha word) 5a. It married, widowed, or divorced	21. DATE OF DEATH July 30 193 (Month) (Day) (Year)
HUSBAND of (a) HEE Mus. Emma N. Taylar	22. I HEREBY CERTIFY. That I attended deposased from 22. 30 1932 to 30 30 1932
6. DATE OF BIRTH (month, day, and year) March 7 1882	! last yaw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to wave occurred on the date stated above, at 10. 2 m.
50 4 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL Could to SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and year) 11. I total ting (years) spent in this occupation.	Date of onset
P. X	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I Is. HAWE Ifelian Summ	
13. NAME Milliam Sinton 14. BIRTHPLACE (city or town) Castlor (State or country)	Name of operation Data of
(diate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME Mary Janes (Stata or country)	23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Erma 7. Senton (Address) aberdeen BFB	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Masky un Chejale Data Cing: / , 1932	Manner of injury
19. UNDERTAKER GENERY James Jones (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify

Registrar

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholcsale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		S Date of onset
Arteriosclerosis	1915	Attack of epil	lepsy's same	1 week ago
Chronic interstitial nephritis	1921	Run over by s	treet car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	7.531 (2.53)	3 days ago
			GEARDON	
Other contributory causes of importance:		Other contri	butory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti	8	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

0	PHYSI-	PLACE OF DEATH County Tarford	STATE OF MARYLAND CERTIFICATE OF DEATH
W)	od EXACTLY, erly classified rtificate.	Village or City Highland (No	Registration Dist, No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
- 1	tated Eroperly	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING	thould be st it may be pr on back of	3 SEX 4 COLOR OR RACE MARRIED, MIDOWED Single WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
ED FOF	supplied. ACE and terms so that	yrs. mos. 6 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
MARGIN RESERV	WRITE PLAINLY, WITH UNFADING INKI Every Item of Information should be carefully supportants should etate CAUSE OF DEATH in plain terestatement of OCEODATION is very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or eountry) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	(Duration) Contributory Secondary (Dusation) (Dusation) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address)
o Z		If more b.anks are needed, addre.s Ltate Megistrar	At Bailinharlington

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, -(b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Stritement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drepsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death Never report merc symptoms or terminal condi-. (name origin; "Cancer" is less-definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY by cough; Committee on Nomenclature Chronic etc. valvular heart The contributory disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Harfard STRIE ECEPOR.	Registration Dist. No. 185
	Alank, tal
Village or City Nauffe - al - Prace	No. St., Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?,yrsmosds
2. FULL NAME Sadakia Thom	cety
(a) Residence: No. Part Depart	Ward. Maryland - If nonepsideful give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See See
5a. If merried, widowed, or divorced - 1	
(or) WIFE of Hall clean / Toneary.	I HEREBY CERTIFY. That I ettenders deceased from
6. DATE OF BIRTH (month, dey, end year) M. 30 - 1847	I last sewn alive on
7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date setes above, at 110
34 / / ormin.	The PRINCIPAL CAUSE OF DEATH end celated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Janama Jar & 9 mo)
SAWYER, BOOKKEEPER, etc.	a preof whoma
work was done, as SILK MILL, at your	
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Iddustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Detc deceased last worked at this occupation (month end year) year) occupetion	
101 Compatral	Other Contributory Canses of importanco:
(State or country)	Centra Certian Viletation
13. NAME Johns Johnson	Α,
14. BIRTHPLACE (city or town) (State or country)	Neme of operation. Manufal Telegrap Date of MR 3 What test confirmed diagnosis? Classes Westhere an autopsy? Zo
15. MAIDEN NAME Flora (Black	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TOTA Black 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country) Ranchard.	Where did injury occur?
17. INFORMANT Cataline Johnson	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Conowy Jours	Neture of injury
19. UNDERTAKER ELL MARIENTALES (Address) Parry VIII Find	24. Was disease or injury in any way related to occupation of deceased?
20, FILED July 19, 193/2 Charles & Faley 72 Degrater.	(Signed) F. J. Millium M. (Address) Harris & Grand
	2411 N. Charles Street, Baltimore, Requesting Q. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Perilonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

V. S. No. 1

1.	PLACE OF DEATH		——————————————————————————————————————	
	County Sarford		Registration Dist. No. 185	
	Village or City Draves des Dra Length of residence In city or town where death occurredyr.	(If	No. St., death occurred in a horpital or institution, give its NAME instead of street and	
2	FULL NAME Honesty In	last	- Still Bread	
-		and .	Ot Ward	
	(a) Residence: No. (Usual place of about	de)	St., Ward. If nonresident give city or town and	State
1	PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (with	WIDOWED, te the word)	21. DATE OF DEATH	, 193-2
5a.	If marriad, widowed, or divorced		(Month) (Day)	(Yeer)
	HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended	deceased from
			, 19, to	,
	Acces, i	932	I last saw h, 19,	_; deeth is said
7. A		f LESS than	to have occurred on the date stated abova, at	
		min.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
NO	8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		2	
AT	9. Industry or business in which		Still Brens	
5	work wes done, as SILK MILL, SAW MILL, BANK, etc			
OCCUPATION	10. Date deceased last worked at this occupation (month and year)	nis		-
12.~	BARTHPLACE (city or town) Have de Gea (State or country) Marylan	ee	Other Contributory Causes of importance:	-
ER	13. NAME James Shines			
FATHER	14. BIRTHPLACE (city or town)		Name of operation Date of	
FA	(State or country) Horeh Carolli	xa	What test confirmed diegnosis? Was there an	
MOTHER	15. MAIDEN NAME Sadiola Hones	ty	23. If death wes due to external causes (VIOLENCE) fill in also the following	
MOT	16. BIRTHPLACE (city or town) Delaware (State or gountry)	-J	Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17.	(Address) Have de Grace Hasp Re	cords	(Specify city or town, county and Stal Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Mt. Zoar Celw Date July 2	0,1942	Manner of Injury	
19.	UNDERTAKER Lee a. Patterson (Address) Geryville md.		24. Was disease or injury in eny way related to occupation of deceased?	
20.	FILED Sept 14, 1932 Charles & Dole	Registrar.	(Signed) It Stuny (Address) Ravie de Krace	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a nerson who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

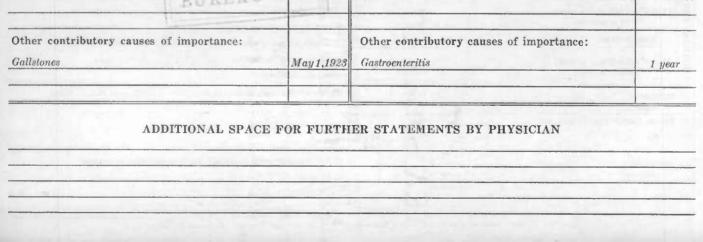
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	1,1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
ce:	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927	Ce: Other contributory causes of importance:



V. S. No. 1

M

N. B.—WRITE PLAINLY, WINH UNFADING INK—THIS IS A PERMANENT MECORD. Every item of infor-
mation should be carefully supplied. AGE should be stated EAACLEI. PHISICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Starford	Registration Dist. No. 8
Village or City O Level	No. St., Ward
Length of residence in city or town where death occurred 2 7 yrs	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME anni	bins.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 8 193 2 (Month) (Day) (Year)
5a. If married, widowed, andivorced	
WIFE of Samuel Stonkins	22. I HEREBY CERTIFY, Thet lattended deceased from
6. DATE OF BIRTH (month, day, and year) Ohris, 12 1860 (last saw her alive on fully 6 + 1934; death is sain
7. AGE Years Months Days J If LESS than	to have occurred on the date stated above 2 30 ft.m.
72 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
9 Industry or business In which	-0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, as STILK MILL. SAW MILL, BANK, etc 11. Total time (years) this occuration (month and	Chronic mytcaldilis 1-1-3,
this occupation (month end July 1/93 spent in this 50 mg	ha.
10 mlint	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Williams (State or country)	
13. NAME adam Hetricle	
13. NAME (Idan Hetrick 14. BIRTHPLACE (city or town) Perry Co	Name of operation Novel Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Catherine Wendt	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Windt 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Samuel Hoffeins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rock Hun Cim Dete Glily 11, 1932	Nature of injury
19. UNDERTAKER A S. Bailey (Address) 10 arlim to	24. Was disease or injury in any wey related to occupation of deceased? 210
20. FILED July 9 1032 Bereiro B. Krught	If so, specify (Signed) W. E. Gallin M. E.
Registrat.	(Address) Washing loss
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1			Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of importance were a Attack of epilepsy	of death and related causes as follows:	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 15 500 A 500 TO	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis		3 days ago
			CENEDA	
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

19. UNOERTAKER

(Address)

should state OCCUPA.

tem of infor-

SIAIL	F MARTLAND	CERTIFICATE	OF DEA	an h	7810
1. PLACE OF DEATH		(183)		- 100	.010
County Harford	Co		Registration	Dist. No/8_	4
Village or City Whit	eford.	No.		St.,	Ward
Langth of residence in city or town where de		death occurred in a hospital or ins			
0.	eth occurred. S. Zzyrs,		n of foreign bifth:	y(3	11105
2. FULL NAME 1371	any you				
(a) Residence: No.	(Usual place of abode)	St.,Ward.	If nonresident	give city or town ar	nd State
PERSONAL AND STATISTIC		MEDICAL	CERTIFICATE		2 100
	5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH	0		
m White	OR DIVORCED (write tha word)		July	/7	, 1932
a. If marriad, widowad, or divorced	2 16 0		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	let Vones	22. I HEREE	YCERTIF		d deceased from
ovora cury	1 lander	july ()	, 1932 to Ja	uly 17	, 193.Z
. DATE OF BIRTH (month, day, and year)	ugust 2:4 170	I Just saw 12 Aura alive on.	1:3	193.2	death is sai
AGE Years Months	Days If LESS than I dayhrs.	to have occurred on the date of The PRINCIPAL CAUSE OF DI			
30 //	/3 ormin.	ware es follows:	-0 1.	1 timportanca	Oate of onset
8. Trada, profession, or perticular kind of work dona, as SPINNER,		Meridia	alacro	enung	y -
SAWYER, BOOKKEEPER, etc.	.0				
work was dona, as SILK MILL, SAW MILL, BANK, atc.	altroader.				
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this				
yaar)	occupation	Other Co. 128 - 1 - C. 128 - 1			
12. BIRTHPLACE (city or town) Whi	teford	Other Contributory Causes of it	mportence:		
(State or country)	de Co. Mid	_			
13. NAME	ulenoetri.				
14. BIRTHPLACE (city or town)	/1	Name of operation		Oate of	
(Stata of Country)		What tast confirmed diagnosis?		Was thera ar	n autopsy?
15. MAIOEN NAME Cather	ne Bulette	23. If death was due to external	causes (VIOLENCE) fil	I In also the followi	ing:
16. BIRTHPLACE (city or town)	Lord Co ms	Accident, suicide, or homicide?		Date of injury	, 19
(State or country)		Where did injury occur?			
17. INFORMANT Down Eli	solut Jones	Specify whathar Injury occurre	(Specify city or d in INDUSTRY, in HO	town, county and Some, or in PUBLIC F	tate) PLACE.
(Address) Whitely	rd and				
18. BURIAL, CREMATION, OR REMOVAL	0 / 20 0	Menner of injury			
Piaca Clow Tracke	Oata 5014 4 0 1954	Nature of injury			

CTATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

If so, specify (Signad).

(Addrass)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- (72)
County Happool	Registration Dist. No. 184
Village or City Street P. O.	NoSt., Ward
11 61	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where deeth occurred	eds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME & Storene	e Jones
(a) Residence: No.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Leely 9 1932
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Hugh & Volo	22. I HEREBY CERTIFY, That I altended daceasad from
6. DATE OF BIRTH (month, day, and year) Sup 16 1868	I last saw h elive on, 19, 19, 19, death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the data statad above, at 516 12m.
63 10 2. 1day,hrs.	was as follows.
8. Trada, profession, or particular kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Spurshot bound in
work was done, as SILK MILL, SAW MILL, BANK, etc	read
10. Data deceased last worked et 11. Total time (years)	
this occupation (month and spant in this year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME andrew Boyle	
14. BIRTHPLACE (city or town)	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Morrow Land	23. If death wes due to external causas (VIOLENCE) fill In elso tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
E (Stata or country)	Where did injury occur?
17. INFORMANT Ma Clell Gafay. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Darlington M. Pata Jerty 11, 1903	Natura of Injury Sunshaf
19, UNDERTAKER Habers.	24. Was diseasa or injury in eny way related to occupation of decaased? 26
(Address)	If so, specify
20, FILED July 9, 1932 M WK St.	(Signed) M. In Juffillo act On M. D.
Registrar.	(Address) Whiteford bad

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I.	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			in in

	RECORD. Every	PHYSICIANS	Sxact statement	
FOR BINDING	S IS A PERMANENT I	stated EXACTLY.	properly classified. E	certificate.
MANGIN RESERVED FOR DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

N. B.—WRITE PLAIN

V. S. No. 1

ACCUPA-

Jo

STATE OF MARYLAND-	CERTIFICATE OF DEATH 17832
1. PLACE OF DEATH	
County Harford, WITHIN SOOPO	Registration Dist. No. 185
Village or City Howe te Grace,	
vinage of city (if	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John J. M. Laffert	\mathcal{G}
(a) Residence: No. Polonial Alatell	/ St. Ward.
(Usual place of abode)	If uonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male wildower	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Wife wound,	22. I HEREBY CERTIFY, That I attended deceased from
0/0.1/-1857.	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on, 19, death is said to have occurred on the date stated above, atm,
- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	ware as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, Corse Insurer	Command to A Mile of a
9 Industry or husinass in which	a monoco que case
work was dona, as SILK MILL, SAW MILL, BANK, atc	by shorting by model
10. Date deceased last worked at this occupation (month and spant in this	to the same of the same of
yaar) occupation	and the state of t
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(State or country) Lowa	
13. NAME John M Cafferty,	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Elizabeth Fitz Level A	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 19
State or country)	Whare did injury occur?
17. INFORMANT Care de Grace Hoskital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rallstall, what	oposity within injury occurred in Hebootici, in Home, of the oblide Flace.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Well Stall Data Data 1919 32	Netura of Injury
19. UNDERTAKER Serving Sole,	24. Was disease or injury In any way related to occupation of deceased?
(Addrass) delayare, med,	If so, spacify
20. FILED July 9, 1932 Bracked J. Feling M.D.	(Signed) Olph Stumburger M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUL	HER STATEMENTS BY PHYSICIAN
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STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	07813

1. PLACE OF DEATH	
County Harrord WITHIN COMPO	Registration Dist. No. 185
Village or City Have de Grad	No. St Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 3/2 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frederich Strong M	e Clintoch
(a) Residence: No. (Usual pface of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH July 2 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Comma of Tilbert	22. I HEREBY CERTIFY, That attended deceased from
1 1 1 1	June 193/ 10 July 3 1936
6. DATE OF BIRTH (month, day, and year) Jugar 6. 1859	Mast saw h 2 alive on 19 3 2; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 12-1, 20 am.
72 /0 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Dete of onset
kind of work done, as SPINNER, Former Former	- home hus cardiles
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carenny Protate
12. BIRTHPLACE (city or town) Dhythedali	Other Contributory Canses of importance:
(State or country) Ceal Co. Nod	Cardina Farline.
13. NAME James Mo Chi Took	
I D. CO.	
4. BIRTHPLACE (city or town) furgically (State or country)	Name of operation
15. MAIDEN NAME Mary L. Heisber	What test confirmed diagnosis?
H	
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
200 R 20 20 -R P	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus. Comma M. Mc Clonboth	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manageria
Place ishing Ceruity Date bely 7 1929	Manner of injury
Cult en _ 0	- Natura of injury
19. UNDERTAKER Bern Janeing Long (Address) Cherdun red	24. Was disease or Injury in any way related to occupation of deceased?
20. FILEO Justy 7, 1932 Charles & Toley m 2	(Signed) (Address) Address Address Address Address
	, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state of OCCURA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

100		- 24	1	.0
- 10	-7	N		13
- 10	- 60	()	6	-79

1. PLACE OF DEATH		210-m)	
County Harford	ITEM ROSPO	Registration Dist. No. 185	
Village or City Herade Suace	/	AL.	ard
Length of residence in city or town where death occurred		(If death occurred in a horpital or institution, give its NAME instead of street and number)	
(15 0 12.	yrsmos.	osds. How long In U.S. if of foreign birth?yrsmos	.ds.
2. FULL NAME Trout & New	Wen		
(a) Residence: No. 6/2 738 (Usual place of		St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (RECOVERY)	write the word)	21. DATE OF DEATH (Month) (Day) (Yaa)	
58. If married, widowed, or divorced HUSBAND of		(130.1)	
(or) WIFE of Beulah Kerdle	w.	22. I HEREBY CERTIFY. That I attended deceased fr	rom
6. DATE OF BIRTH (month, day, and year) abril 3	- 1892		يخير
7. AGE Years Months Days	If LESS than	to have occurred on the date stated abova, a 1.50 Q: m,	DIE
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trada profession or particular	04/	Alaring Por a Continue of the	set
9. Industry or business In which		work of the cases were trace	
work was done, as SILK MILL, SAW MILL, BANK, etc			
11. Total time spant i occupation (month and year)	n this		
12. BIRTHPLACE (city or town)	1	Other Contributory Causes of importance:	
(State or country) Mary	d.		
13. NAME John Neidem			
13. NAME Tolum Meidlein 14. BIRTHPLACE (city or town)		Name of operation Data of	
(State of country)	w.	What test confirmed diagnosis?	
15. MAIDEN NAME Miceria Sar 16. BIRTHPLACE (city or town)	auer,	23. If deeth was dua to external causes (VIOL ENCE) fill In also the following	40 1
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? 19 Date of injury 2 190	Y
nova no: - As	. 40'	Where did injury occur? While the Succe, (Specify city or town, county and State)	
17. INFORMANT AUGUST (Address) Suar Creek	Eud.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury Autorrabile accident	
Place au gel Rell Date Jul	4. 6,1932		
19. UNDERTAKER deming tolly and (Addiess)	1.	24. Was disease or injury in any way related to occupation of deceased?	
9 9 9 9 9	1 20	(Signed) Assish Thurburger Coroner)	
20. FILED July 3, 1932 Harles & Jol	Registrar.	(Address) Non of Ing	υ.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RTIMAL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

SIAIL (OF MARYLAND—	CERTIFICATE OF DEATH 07815
County Hardon		Registration Diet No. 182
Village or City / Bel	an ma	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred / 7 yrs 6 mos	sds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Del	ice Matthews C	Estorn
(a) Residence: No. O3	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Your (Year) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of There as	Orbon	22. I HEREBY CERTIFY. That t attended deceased fr
S. DATE OF BIRTH (month, day, and year)	Jany 16-185-3	I last saw her alive on July 28 19 34 death is a
7. AGE Years Months 79 6	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 22P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular	11 15	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	11 Total time (unace)	
this occupation (month and year)	11. Total time (years) spent in this occupation	
2. BIRTHPLACE (city of town) Belco (State or country)	Ris.	Other Contributory Causes of Importance:
13. NAME Valentin	Spencer	
13. NAME Valentine 14. BIRTHPLACE (city or town). Be (State or country)	End .	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Ac
15. MAIDEN NAME Milli	Spence	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Millie 16. BIRTHPLACE (city or town)	way	Accident, suicida, or homicide? Date of Injury, 19
7. INFORMANT Paulue (Address) Relative	Le ma	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
B. BURIAL, CREMATION OR REMOVAL Place Assured	Date Scily31, 1932	Manner of injury
9. UNDERTAKER Season J. (Address) Belan	asted mid	24. Was disease or injury in any way related to occupation of deceased?
10. FILED uly 29, 19139 V.	6. Chambers	(Signed) Alle M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ABM9/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Hareford "ITHIN CORPORA"	Registration Dist. No. 185
Village or City Hacre de Grace	No.
, / 4 , (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Howards leaco.	
(a) Residence: No. Have del Graco.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
OR-DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22; HEREBY CERTIFY, That I attended deceased from
(ii) HILE OI	may 14 1931 to Ouly 3 1932
6. DATE OF BIRTH (month, day, and yeer) Le. 17-1889.	I last saw h _ sus- alive on July 3 19.3 Edeath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
43 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	(ulmonery desterrelous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11. Total time (yeers)	V
O Date deceased last worked at this occupetion (month and year) occupation occupation occupation	
2/ 1 4	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) The series of country)	
13. NAME almalandel Tean	
13. NAME alvalian H. Teges. 14. BIRTHPLACE (city or town) Have de Luce.	Name of a contract
(State or country)	Name of operation Date of Wes there an autopsy?
15. MAIDEN NAME Serale French.	
16. BIRTHPLACE (city or town) Plane de grade.	23. If death wes due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
E (State or country) Maryland	Where did injury occur?
17. INFORMANT A. H. La ED.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) force de Ling relied	The second of th
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St. Journall Joele July 6, 1937,	Nature of injury
19. UNDERTAKER Semmestone .	24. Wes disease or injury in eny way related to eccupation of deceesed?
(Address) Have det Israce, red,	if so, specify
20 FILED July 5 1932 Charles & Toley To	(Signed) (Seula pe fa) M. D.
Registrar.	(Address) Januall Stace Au
If more blanks are needed, address State Registrar, a	422 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance; Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CIAN

V. S. No. 1		MARGIN	MARGIN RESERVED FOR BINDING	FOR E	SINDING	?		M	
N. B.—WRITE PLAINLY, WATH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	AINLY, WY	H UNFADE	NG INK-THI	SISAPI	ERMANENT	RECORD. 1	Every ite	in of ir	nfor
mation shoul	d be carefull	y supplied.	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	e stated]	EXACTL	7. PHYSIC	MANS	bluod	state
CAUSE OF	DEATH in pl	ain terms, so	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	e properly	classified.	Exact state	ment of	2000	V.J.
TION IS VER	y important.	See instructi	HUN is very important. See instructions on back of certificate.	certificat	ů				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17817
1. PLACE OF DEATH	(RE)
County Haytozel	Registration Dist. No. 180
Village or City Eevel Wa	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Styl mills	
(a) Residence: No. / [[] Our (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR/RACE S. SINGLE, MARRIED, WJOOWED, OR DIYORCED (rapid the word)	21. DATE OF DEATH (Month) / (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and vasc) Hellings	
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	I last saw h alive on; death is said to have occurred on the date stated above, at 2/15 Pm
1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
S Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Date of onset
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	Drowned un Bush
this occupation (month and year) spant in this occupation	Other Considering Council Coun
12. BIRTHPLACE (city or town) As the Souther	Other Contributory Causes of importance:
13. NAME Marcus Mutt	
14. BIRTHPLACE (city or town) Aff Cervaline)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMBANGANET Brifain	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Carlo of Injury Company Compan
17. INFORMANT Lauring Cofte Mid.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ronda, N.C. Date July 19, 19	Manner of injury
19. UNDERTAKER Livered K Michana (Address) About 9 clon, md	24. Was disease or Injury in any way ralated to occupation of deceased?
20. FILED July 1. 8., 1933 Hred Morlok	(Signed) M. D. (Addrass) Elg Eword M. A.

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		N. S.	2
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

V. S. No. 1 N. B.—V

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds 2. FULL NAME (a) Residence: No. 30 Cattage (Superior St.) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write MS word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY. That I attended daceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City. Length of residence in city or lown where death occurred. Length of residence in city or lown where death occurred. 2. FULL NAME (a) Residence: No. S. L.	1. PLACE OF DEATH	183
Langth of residence in city of town where death occurred yrs	County Harford	Registration Dist. No. / 6
Langth of residence in city or town where death occurred yis mos. 2. FULL NAME (a) Residence: No. I Attached County County of the County	Village or City Bush River -	No. St., Ward
2. FULL NAME (a) Residence: No. 3. College of abody PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OP. RACE S. SINCLE MARKED, WIDOWED, OR UTSACCE (with pife word) 55. If married, widowed, or diversed (by NoTE of Color op. particular or to the date stated above, at 1 1.50 cm. 6. DATE OF BIRTH (month), day, and year) 7. AGE 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 10. Date of polar than an elasted causes of importance were as follows: 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 10. Date of polar than an elasted causes of importance were as follows: 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 10. Date of polar than an elasted causes of importance were as follows: 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 10. Date of polar than an elasted causes of importance were as follows: 8. Trade, profession, or particular or to have occurred on the date stated above, at 1 1.50 cm. 10. Date of polar than an elasted causes of importance were as follows: 11. SIRTHPLACE (city or town) 12. ISBRTHPLACE (city or town) 13. NAME 14. SIRTHPLACE (city or town) 15. Malben name 15. Malben name 16. Date of country 17. INFORMANT 18. Malben name 19. What test confirmed diagnosis? 19. What test		ds A How long in U.S. If of foreign birth? yrs. mos. ds
(a) Residence: No. 3. Attaguille of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OP-BACE OR DIPRACE OR	2 FILL NAME & Land & Land	P ((())
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR 09-PARE 5. SINGLE, MARRIED, WIDOWED, ON DIVERCES (entire 96 word) 5. If married, widowed, or divorced HUSSHAPE 10. DATE OF DEATH 10. DATE OF DEATH 22. I HEREBY CERTIFY. That I attended daceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		for the to
3. SEX 4. COLOR OB_RACE OR DIFFRCED (write pick word) 52. II married, widowed, or divorced (Co) WIFE of (Co) WIFE of 53. II married, widowed, or divorced (Co) WIFE of (Co) WIFE of 54. DATE OF BIRTH (month, day, and year) 55. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. 1/0 1/1 day, hrs. 1/0 1/2 doath is said 1 day, hrs. 1/0 1/		
MALL MANNE OR DIVERCED (write 1987 word) 59. II married, videwed, or divorced HUSBADO (Note) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I last saw h		MEDICAL CERTIFICATE OF DEATH
56. DATE OF BIRTH (month, day, and year) 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 8. Track protestion, or particular bind of several done as SPINNER. 9. Track protestion on the date stated above, at / Li, 50 cm. 19. II. FRINTPLACE (city or town) bind of several done as SPINNER. 9. Track protestion which were as follows: 9. Track protestion which were as follows: 9. Track protestion which were as follows: 9. Track protestion which and protestion which were as follows: 9. Track protestion which and protestion which and protestion were as follows: 9. Track protestion which and protestion which and protestion were as follows: 9. Track protestion which and protestion which were as follows: 9. Track protestion which and protestion which were as follows: 9. Track protestion which and protestion which were as follows: 9. Track protestion which and protestion were as follows: 9. Track protestion which and protestion which were as follows: 9. Track protestion which and protestion were as follows: 9. Track protestion which and protestion were as follows: 9. Track protestion which and protestion were as follows: 9. Track protestion which and protestion were as follo	OR DIVORCED (write Me word)	July 10 1932
HUSBAND of (or) WHE of (or) WH	- interest of the second	(Month) (Day) (Yaar)
8. Trade, profession, or particular North Name of Operation 12. BIRTHPLACE (city or town)	HUSBAND of	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS thad I day, hrs. 10	(or) with the	, 19, to
7. AGE Years Months Days If LESS thad to have occurred on the date stated above, at / L. 150 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF D	6. DATE OF BIRTH (month, day, and year) De 38 51904	The state of the s
8. Trade, profession, or particular sind of work done as SPINER, Floursh SAWER BONKEREPR, set. 9. Industry or business in which was done as SPINER, SAW MILL, BANK, etc. 10. Data decessed last worked at the particular spanning in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BUSINAL CEMANTION, DR BEMOYAL 19. UNDERTAKER (Addrass) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) (Address)		to have occurred on the date stated above, at / L; 30 Cm.
8. Trade, profession, or particular SANYER, BDKKEPER, atc. 9. Indicatory or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Data deceased last worked at years spant in this year) 11. Total time (years) spant in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATIDN, DR BEMOVA Place 19. UNDERTAKER (Address) 20. FILEB 19. UNDERTAKER (Address) 20. FILEB (Address) 20. FILEB (Address) 20. FILEB (Address) (Address) 21. Total time (years) spant in this years spant in this years and		
Signatury or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, DR BEMOVAL Place Filed May 10, 19 3 2 Michael 19. UNDERTAKER (Address) 20. FILED 10. Data deceased last worked at this occupation of deceased? (Address) 11. Total time (years) Spant in this OCCUPATION Spant in this OCCUPATION Date of importance: 11. Total time (years) Spant in this OCCUPATION Date of importance: What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) 37. J.	8. Trade, profassion, or particular	Uate or onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVEL Place (Address) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of any or country 11. Total time (vester) Specify whether injury occurred in industry Specify (Signed) 17. Specify Spe	SAWYER, BDDKKEEPER, atc.	accolated Danis
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOVEL Place (Address) 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Date of any or country 11. Total time (vester) Specify whether injury occurred in industry Specify (Signed) 17. Specify Spe	9. Industry or business in which work was done, as SILK MILL.	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATIDN, DR BEMOVAL Place 19. UNDERTAKER 19. U	SAW MILL, BANK, etc.	in Bush Brown at
Dther Coutribntory Causes of importance: Name of operation. Date of What test confirmed diagnosis? Name of operation. Date of What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Accidant, suicide, or homicide? Date of injury occur? Specify whether injury occur? Specify wheth	spant in this	J-A. R. Birdys.
(State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATIDN, DR BEMOUN Place (Address) 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address) 20. FILED 11. INFORMANT (State or country) 11. ON THE Country (State or country) 12. Where did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATIDN, DR BEMOUN Place (Address)	year) occupation 121 49	Dther Contributory Causes of importance:
13. NAME (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, DR BEMOUNL Place 19. UNDERTAKER (Address) 20. FILED 19. UNDERTAKER (Address) 20. FILED 10. Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Bread All Orloche (Address) Cading North (Address) Cading Nor		
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 3 Cottage Concentration Place Addrass 3 Cottage Concentration Place Address 4 Cottage Concentration Place Address 5 Cottage Concentration Place Address 5 Cottage Concentration Place Address 5 Cottage Concentration Place Address 6 Cottage Concentration Pl	14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 30 Cottage Care Jacobs For Maintain State Jacobs For Caddrass Jacobs For	(State or country)	What test confirmed diagnosis? Was there an autopsy?
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Where did injury occur? 17. INFORMANT Chromals. If the Company of	O 16 RIRTHPLACE (city or town) Large as Ten	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Addrass) 3 Cottage Con Jumelle Co. 18. BURIAL, CREMATION, DR BEMOVAL Place Secretary Date Fully 14, 19-32 19. UNDERTAKER Secretary Date Fully 14, 19-32 (Address) Company Specify (Address) Company Specify (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in Industry occurred in INDUSTRY, in HOME, or in Industry occurred	E (State or country)	
18. BURIAL, CREMATION, DR BEMOVAL Place Security Date of Language Manner of injury 19. UNDERTAKER Security Se	me Clas 15 Ad.	(Specify city or town, county and State)
18. BURIAL CREMATION, DR BEMOVAL Place Section State Surger State		opens, anomer many occurred in tradestria, in nome, with robell PLACE.
Place factoristic pate fully 14, 19.38 Natura of Injury 19. UNDERTAKER AS ENGLY January Savey (Address) 24. Was diseasa or injury In any way related to occupation of deceased? If so, specify (Signed) Registran (Address) (Address) (Address) (Address)		Manner of injury
19. UNDERTAKER Menry Tarring Story (Address) 24. Was diseasa or injury In any way related to occupation of deceased? If so, specify (Signed) Registran (Address) (Address) (Address) (Address) (Address)	Place the full state gate toly 14, 1932	
20. FILED 10, 19 2 2 6 Michael (Signed) Fred (Address) abord 18 Company (Address) abord 19 Company (Address) abord 19 Company (Address) abord 19 Company (Address)	M. S. T.	
20. FILED JULY 10, 19 5 2 06 Michael (Signed) Great Clear BoroneMCI (Address) alington Michael (Address)		
20. FILED (Address) alingstone Mil	Vasta 10 to Olf mill	00 -1 11 11 10 10

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Taxample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of enlers	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		40.30	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis		The principal cause of death and related causes of importance were as follows:	
Arterioselerosis , -	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

m

1. PLACE OF DEATH	165)
County Harbord	Registration Dist. No. 15
Village or City alberdun	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs.	/_mos
2. FULL NAME Satie C. Scha	int-
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Flowel 4. COLOR OR RACE OR DIVORCED (write the Manue) 5e. If married, widowed, or divorced	e word) Killy de 3
WIFE of Henry C Schaub	22. I HEREBY CERTIFY, Thet I ettended deceased from
73 2 1 dey, or or noticular	SS then to heve occurred on the dete stated above, at
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 19. Dete decessed last worked et this occupetion (month end year) 12. BIRTHPLACE (city or town) (State or country) Park	Other Contributory Causes of importence:
13. NAME William Voyts. 14. BIRTHPLACE (city or town) Handsen	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Wes there an autopsy
15. MAIDEN NAME Anna M. Buffeley 16. BIRTHPLACE (city or town) Wintendary (State or country) 17. INFORMANT M. Alma C. Schauft (Address) 7 3 2 Cindudth Ballo 20	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 23, 19, 37 Where did injury occur? Clouded the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place July 26	Menner of injury Lies stocking owned need
19. UNOERTAKER GOOGEN Schilling. (Address) 1124 Emporument St. 1972	24. Was disease or injury in any way releted to occupation of decessed? If so, specify Occupation of decessed? (Signed) W. 9 August Representation of decessed?
	gistrar. (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE FOR EUDTUFD STATEMENTS BY DUVSICIAN

ADDITIONAL	STACE FOR	FURTHER	STATEMENTS	DITI	LOICIAN	
					63	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of QCCUPA.

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- 57	1 4	8	4	40

1. PLACE OF DEATH	(19-0)
County Harland	Registration Dist. No. 184
Village or City Offiteland	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where daath occurredyrsmc	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME & suise Genefia &	ingleton.
(a) Residence: No.	st/, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attanded deceased from
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attanded deceased from Fight 2 % 1932 to Judge 6 1932
0 3 4044	I last saw h_ar/ alive on Jenky 6 , 19.3.2; death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated ebove, at 3:34 A.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH end raisted causes of importance
6 3 ormin.	were es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Co Testimose Mensing alice
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. IO, Date daceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Algorian The ford Co (State or country)	Other Contributory Causes of importance:
0/1	
E 21 0 11 0 2 2 1	
4 14. BIRTHPLACE (city or town) As a factor of the Carlotte (Stata or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Bertha flowers.	23. If daath was due to external causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Bertha Flowers. 16. BIRTHPLACE (city or town) 24 or food Co. Muly. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT . Reduced Sungleton	Spacify whether injury occurred in INDUSTRY, in HOME, or to PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL	
Place Date Seels 10 1932	Manner of injury
19. UNDERTAKER S. Dr. Holde Al	24. Was disaase or injury in any way related to occupation of decaasad?
(Addrass) fuelta pai	If so, specify
20. FILED Lauly 9-, 1932) 6. J. J. Mc Marsh. Registrar.	(Signed) M. D. (Addrass) M. D. M. D.
If more blanks are model added to the Paris	N Challen Balling B. 18 18 18 18 18 18 18 18 18 18 18 18 18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	140/72 O Tall	July 5,1927	Peritonitis	3 days ago	
	BUNGAU V.B.				
Other contributory of	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TENDITIONAL	OI AUII	L. OIL	T. O IV I III IIIV	DIVITINITINI	10 1	THESTORA	. L.V.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07823

1. PLACE OF DEATH	<u> </u>
County Hanfard	Registration Dist. No. 18-4
Village or City Agarlus to	ND. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Ummanned	I mith
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I eltended deceesed the
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Danking Law May 1.	Dther Contributory Causes of importance:
(State or country) 13. NAME Frank Paul Suith.	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And Many Harles 16. BIRTHPLACE (city or town) Marselle, Park (State or country) 17. INFORMANT Frank Park (Address) Darling ton. Miles	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place The Ground Date July 18, 19	Manner of injury Nature of injury
19. UNDERTAKER Transe Somethy fath	4. Was disease or Injury In any way related to occupation of deceased? If so, specify
20. FILED July 18, 19 32 M.W. Kirs	(Signed) M. I (Address) M. I (Addres

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- Paramana s	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	8
County Harford	Registration Dist. No
Village or City Reading ton	No. St.,
Length of residence in city or town where death occurredyrs,m	
2. FULL NAME Unions a.	Inn The
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) 7, 198 2 (Ye
5a. If married, widowed, or divorced HUSBAND of	22. A HEREBY CERTIFY. That I attended decease.
(or) WIFE of	22. I HEREBY CERTIFY. That I attended decease
6. DATE OF BIRTH (month, day, and year) July 17- 1932	
7. AGE Years Months Plays If LESS than	to have occurred on the date stated above, atm,
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
- 9 Trade profession or pasticular	Stillborn two the
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	previative & in state 2
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	I de composition
SAW MILL, BANK, etc	
11. Total time (years) spant in this occupation (month and year) year) occupation occupation	
12 BIRTHIN ACT CHILLIAN TO a l' of mal	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Frank Paul Smith	
13. NAME Frank Vaul Smith	Name of operation Date of
· (State or country) Surbury Pa	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Lydia Many Harley	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lydia Many Harley 16. BIRTHPLACE (city of town)	Accident, suicide, or homicide? Data of injury
(State or country) Merchal, Val	Where did injury occur?
17. INFORMANT Frank Paulo Suith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF BENDALL COME	Manner of Injury
Place Date Date 11 Jan 19 3	Nature of injury
19. UNDERTAKER Franke Strict fathe (Address) Parling Con Had	14. Was disaase or injury in any way related to occupation of deceased?
20 FILED July 18 19 32 M.W. Rirke	(Signad) / 2 / Must
Registrar.	(Address) randel my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of deat of importance were as followard and arteriosclerosis	h and related causes ws: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	2 1499	1921	Run over by street car	1 week ago	
Cerebral hemorrhage ·	Auto	July 5, 1927	Peritonitis	3 days ago	
	1				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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V. S. No. 1 N. B.—I

What test confirmed diagnosis? Was there an autonsy?	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City / Langth of residence in city or town where death occurred. The control of the second of the control of the co	1. PLACE OF DEATH	(17825
Length of residence in city or town where deeth occurred	County, Harfard	Registration Dist. No. 185
2. FULL NAME (a) Residence: No. AD Color of the where deeth occurred. T. yrsmosds. How long in U.S. If of foreign birth? (b) Residence: No. AD Color of the whole of the word		
2. FULL NAME (a) Residence: No. (Unadplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, Och PYORCEO (crite the word) 54. HUBSAND of (Or) WHE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular winds and words one as SPINHER, or min. 8. Trade, profession, or particular winds and words done, as SPINHER, or min. 9. Trade, profession, or particular winds and words done, as SPINHER, or min. 10. Date deceased lest worked set this coopepition month and particular words as follows: 11. Total time (years) spenin in this 2 occupation. 12. BIRTHFLACE (city or town) (State or country) 13. AMANIE 14. BIRTHFLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHFLACE (city or town) (State or country) 17. INFORMANT 18. BIRTHFLACE (city or town) 18. BIRTHFLACE (city or town) 19. UNDERTAKER (Address) AMADEN NAME 20. FILED ALL QUELLE ALL QUELLE (Signer) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) AMADEN NAME 20. FILED ALL QUELLE (Signer) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) AMADEN NAME 21. Date of bigging and state of the couple of bigging and state of the		
(a) Residence: No. And (Usalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR DIVOKED (write the word) 5a. If married, widowed, or divorced (or) wife of	2. FULL NAME HEAVY Marrie	N
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED	1/2 poll 1/1 led and 1 a 1/10	St. Ward
3. SEX 4. COLOR OR RACE OR DIVORCED (write this word) 5a. If married, widowed, or divorced (or) wile of (or	(Usual place of abode)	
OR DIVORCED (write the word) 5a. If married, widowed, or divorced (Month) (Dey) 193 Cate of BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then the ward or with done, and year) 8. Trade, profession, or particular with done, and year or min. 8. Trade, profession, or particular with done, and year or min. 9. Trade, profession, or particular with done, and year or min. 10 Lady, hist. 11 LESS then the very counted on the date stated ebove, at 3 J. m. 11 Less with a latter of the counted on the date stated ebove, at 3 J. m. 12 Latter and the date stated ebove, at 3 J. m. 13 Lady, hist. 14 Less with a latter of the counted on the date stated ebove, at 3 J. m. 15 Less with a latter of the counted on the date stated ebove, at 3 J. m. 16 Less with a latter of the counted on the date stated ebove, at 3 J. m. 17 Less with a latter of the counted on the date stated ebove, at 3 J. m. 18 Less with a latter of the counted on the date stated ebove, at 3 J. m. 19 Latter of Industry or bearings in which 19 Latter of Industry or bearings in which 19 Less with a latter of the date stated ebove, at 3 J. m. 19 Less with a latter of the date stated ebove, at 3 J. m. 19 Less with a latter of the date stated ebove, at 3 J. m. 19 Less with a latter of the date stated ebove, at 3 J. m. 19 Less with a latter of the counter of the date stated ebove, at 3 J. m. 19 Less with a latter of the date stated ebove, at 3 J. m. 19 Less with a latter of the counter of th		
5. If married, widowed, or divorced HUSBAND of (or) NIFE		Jacy 20 193.2
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS then Iday. Iday. If LESS then Iday. Iday. If LESS then Iday. I	HUSBAND of	
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS then 1 day, hrs. or. min. 1 to heve occurred on the deter stated ebove, at 1	(or) WIFE of	
7. AGE Vears Months Deys If LESS then I day, his on the profession, or particular liday, his on the profession of particular liday, his of the profession of particular liday, his of the profession liday liday, his of the profession liday liday liday, his of the profession liday lid	6. DATE OF BIRTH (month, dey, and year) UM9 /8, /89/	
8. Trade profession or particular like profession like profession or particular like profession li	7. AGE Years Months Deys If LESS then	
8. Trade, profession, or particular and the profession of particular and the particular and the par		were as follows:
12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, es SPINNER,	Jan
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL (PEMATION, OR REMOVAL Place Country) 19. UNDERTAKER (Address) 20. FILED August / 132 Charles / Delay (Address) 21. BIRTHPLACE (city or town) (Signed) (Signed) Other Centributory Causes of importence: Other Causes of imp	SAWYER, BOOKKEEPER, etc.	Hypertrophic cyrhoses
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL (PEMATION, OR REMOVAL Place Country) 19. UNDERTAKER (Address) 20. FILED August / 132 Charles / Delay (Address) 21. BIRTHPLACE (city or town) (Signed) (Signed) Other Centributory Causes of importence: Other Causes of imp	work was done, as SILK MILL, SAW MILL, BANK, etc.	Offillery material
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED August 1337 Challes 1. Solety Registrar. Other Contributory Causes of importence: Other Contributory Causes of importence in Causes (VIOLENCE) fill and other causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Other Contributory Causes of importence in Causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Other Contributory Causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Other Contributory Causes (VIOLENCE) fill in also the following: Accident, suicide, or ho	Spoilt in this 4	Cardias Il conbendue
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURNAL, GREMATION, OR REMOVAL 18. BURNAL, GREMATION, OR REMOVAL 19. Dete 19. D	Lange / 11 A	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steterer country) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED August / 1937 Carelly 21. Filed August / 1937 Carelly 22. Filed August / 1937 Carelly 23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury Where did injury occurr? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to accupation of deceased? If so, specify (Signed) M. D. (Signed) M. D. (Address)		
Whet test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Living Living Dete Living 19. Nature of injury 19. UNDERTAKER (Address) 20. FILED Ally Living 1937 Called Ally Registrar. Was there an autopsy? 22. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to accupation or deceased? If so, specify (Signed) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D.		
Whet test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Steta or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Place Living Living Dete Living 19. Nature of injury 19. UNDERTAKER (Address) 20. FILED Ally Living 1937 Called Ally Registrar. Was there an autopsy? 22. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to accupation or deceased? If so, specify (Signed) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D.	I A RIDTURATE (situation Harrefully 1989)	Mana of a salaha
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED Allequet / 1934 Charles 21. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in anyway related to accupation of deceased? If so, specify (Signed) (Signed) M. D. (Address) M. D. (Address)	(State or country)	
Stete or country Where did injury occur? Specify city or town, county and State	15. MAIDEN NAME Mary Muitiful	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place Where did injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in anyway related to accupation of deceased? If so, specify (Signed) M. D. (Address)	16. BIRTHPLACE (city or town)	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Survey (Address) 19. UNDERTAKER (Address) 20. FILED August/1937 Charles 21. Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to accupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)	∑ (Steteror country) MAM.	Where did injury occur?
Place String Place 19 19 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to accupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
19. UNDERTAKER CALLED August /1937 Charles Delay M.D. 20. FILED August /1937 Charles Delay M.D. Registrar. Nature of injury 24. Was disease or injury in anyway related to accupation of deceased? (Signed) Selection M.D. (Address) Africal Company of the control of the con	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
20. FILED August /1937 Charles J. Dolly M.D. Registrar. (Address) Pentipular M.D. (Signed) Selle M.D. (Address) Selle Selle M.D. (Address) Selle Selle M.D.	Place Struct Dete 112 , 19	Nature of injury
20. FILED August 1937 Charles J. Doley M.D. (Signed) Selle M.D. (Address) Africales M.D.		
	The state of the s	(Signed) Selle M. D.

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	Example 11		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	GGAIGOGA		
and the state of t	Other contributory causes of importance:		
May 1,1923	923 Gastroenteritis		
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1 8

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07820
1. PLACE OF DEATH	94,00
County Harford	Registration Dist. No. 184
Village or City O Darlington	No. St., War
Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
2. FULL NAME Natur Calherin	in a contract
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Month) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That Lattended deceased fro
6. DATE OF BIRTH (month, day, end year) Aug 22 1871	1 last saw h alive on July 17 192 death is se
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 4- A-m.
60 10 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Data of onse
SAWYER, BDOKKEEPER, etc.	Par
work was done, as SILK MILL, SAW MILL, BANK, etc.	fue fectores fine-
Kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation.	A
12, BIRTHPLACE (city or town) Baltimore	Dther Cantributary Causes of importance:
(State or country)	appleary 193
13. NAME Undrew Hely	
13. NAME CONSTRUCT OF LEVEL 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cugusta Englishar	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Cugusta English	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 17 Charles Ba	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURHAL CREMATION OR REMOVAL	Manner of Injury
Piace Date Date 1932	Nature of injury
19. UNDERTAKER 1 & Bailing (Address) h. and	24. Wes disease or injury in any way related to occupation of deceased? 200
Chouless Navaryon Jing.	If so, specify
20. FILED July 18 , 1932 M Karla Registrar.	(Signed) (Address) Address (Address) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name otlier important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

	11		
Gallstones	8261,1 yoM	Gastroenteritis	T year
Other contributory causes of importance:		Other contributory causes of importance:	
Сегерга! петочгћаде	7201,8 yul	Periondis 7 137 sibnoring	obv slivp g
Chronic interstitial nephritis	1261	Run over by street car	I week ago
Arteriosclerosis	9161	Much of children of von V. S. had and of control	ा क्रहिए वर्व
The principal cause of death and related causes of importance were as follows:	feeno to estal	The principal cause of death and related causes of importance were as follows:	feano to etsu
Example 1		example 11	

V. S. No. 1

CTATE	0=	MADW AND	CEDTIFIC	A CELE	0=	D = 4 = 11
SIAIL	OF	MARYLAND	-CERTIFIC	AIL	OF	DEATH

60	2	0	13	Hy	
()	6	0	4	6	

1. PLACE OF DEATH	(159)		
County Harford	Registration Dist. No. 1 42		
Village or City Terrest Hill	No. St., Ward		
/11	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.		
the 1 & 11 com	as. now long in 0.3. it of foreign bitting		
2. FULL NAME Infant Willer	5		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH July 3 193 2 (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. HEREBY CERTIFY, That I attended decesed from		
6. DATE OF BIRTH (month, dey, and year)	I lest saw hospi elive on July 37 1,193 2 death is seld		
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, it & P. m.		
1932 July 31 1day, 6 hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:		
9 Trade profession or posting	Bush Date of onset		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	almalure Orfant		
Month work wes done, as SILK MILL,	(71/2) month		
Note that the company of the company			
20.0	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) (Stete or country)			
13. NAME Wellow Witting 14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town)	Neme of operation		
(Stete of Country)	What test confirmed diegnosis? Wes there an eutopsy?		
15. MAIDEN NAME Cuth South	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following:		
15. MAIDEN NAME Ruth Fraters 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(Stete or country)	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT CALLED CARREST (Address) Receiving Ra.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Plece deling 1,1932	Nature of injury		
19. UNDERTAKER Tarther	24. Wes disease or injury in any way releted to occupation of deceased?		
(Address) Reading 19	If so, specify		
20. FILED July 31, 19 N. G. Kuchardren Registrar.	(Address) Treat bill ma		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state: *

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	3 65	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			BECEIVEL	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	923 Gastroenteritis		1 year